

| REPORTS INVENTORY   |   |   |                                |  |  | CONTROL NO.       |   |
|---|---|---|--------------------------------|--|--|-------------------|---|
| PREPARE IN DUPLICATE  |   |   |                                |  |  | DDS/OTR/EA - 6    |   |
| 1. TITLE OF REPORT (If a fill-in report include Form No.)   |   |   |                                |  |  | 2. TYPE OF REPORT | <input checked="" type="checkbox"/> STATISTICAL |
| Forecast of <input type="text"/>  |   |   |                                |  |  |                   | <input checked="" type="checkbox"/> NARRATIVE   |
|   |   |   |                                |  |  |                   | <input type="checkbox"/> MACHINE-NAME LISTING   |
| 3. FUNCTIONAL AREA  | <input type="checkbox"/>                              | PERSONNEL   | <input type="checkbox"/>       | TRAINING   | ADMIN. GENERAL<br>OTHER (specify)                          |                   |   |
|   | <input checked="" type="checkbox"/>                   | LOGISTICS   | <input type="checkbox"/>       | SECURITY   |  |                   |   |
|   | <input type="checkbox"/>                              | MEDICAL   | <input type="checkbox"/>       | FINANCE  |  |                   |   |
| 4. NO. OF COPIES PREPARED   | 5. FREQUENCY (weekly, monthly, quarterly, etc.)       |   |                                |  | 6. DISTRIBUTION (No. of components not number of copies)   |                   |   |
| 4   | Semi-annual   |   |                                |  | 4  |                   |   |
| 7. FORMAT (memorandum, form computer print-out, etc)<br>Form  | 8. ADP PROCESSING                                     |   |                                |  | 9. DIRECTIVE AUTHORITY REQUIRING REPORT<br><br>Actual need |                   |   |
|   | <input type="checkbox"/>                              | YES   | IF YES GIVE ADP PROCESSING NO. |  |  |                   |   |
|   |   | <input checked="" type="checkbox"/>                 | NO                             |  |  |                   |   |
| 10. PREPARING COMPONENT (include lowest level contributing information to report)<br>EA/MS  |   |   |                                | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)<br>7 (Average)<br>(Varies, depending upon school need <input type="text"/> ) |  |                   |   |
| 12. COST FACTORS  |   |   |                                |  |  |                   |   |
| A. MANUAL PREPARATION AND REVIEW COSTS  |   |   |                                |  |  |                   |   |
| GRADE   | HOURLY RATE   | X   | HOURS PER REPORT               | =  | COST PER REPORT  | X                 | TIMES PREPARED = COST PER YEAR                  |
| GS-14   | 11.00   |   | 1                              |  | 11.00  |                   | 2 \$22.00                                       |
| GS-07   | 4.50  |   | 1/2                            |  | 2.25   |                   | 2 4.50  |
| B. COSTS OF COMPUTER PRODUCED REPORTS   |   |   |                                |  |  |                   |   |
|   |   |   |                                |  |  |                   |   |
| TOTAL COSTS PER YEAR  |   |   |                                |  |  | \$26.50           |   |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. |   |   |                                |  |  |                   |   |
| Need to collate all special requests <input type="text"/> in order to anticipate workload for STAT  |   |   |                                |  |  |                   |   |
| <input type="text"/> already assigned to <input type="text"/>   |   |   |                                |  |  |                   |   |
| 14. FUTURE GOALS  |   |   |                                |  |  |                   |   |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT  |   |   |                                |  |  | ESTIMATED SAVINGS |   |
| <input checked="" type="checkbox"/>   | RETAIN AS IS <input type="checkbox"/> OTHER (explain) |   |                                |  |  | MAN-HOURS         | DOLLARS   |
| <input type="checkbox"/>  | CHANGE  |   |                                |  |  | 0                 | 0   |
| <input type="checkbox"/>  | DISCONTINUE   |   |                                |  |  | STAT              |   |
| 16. DATE OF INVENTORY   |   | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION |                                |  |  |                   | 18. EXTENSION                                   |
| 8 October 1970  |   | C/EA/MS   |                                |  |  |                   | <input type="text"/>                            |